



## NON-TITLE V PERMIT APPLICATION GASOLINE DISPENSING FACILITY DESCRIPTION

Please type or print and submit in duplicate. Attach to the Non-Title V Facility Identification Form (APC 100). Please complete one form for each facility if multiple owned.										
<b>GENERAL IDENTIFICATION AND DESCRIPTION</b>										
<b>1. Organization name</b>					For APC use only	APC Company – Point no.				
<b>2. Emission source no.</b> (As on Non-Title V Facility Identification Form)						APC Log/Permit no.				
<b>INDEPENDENT SMALL BUSINESS MARKETER OF GASOLINE (I.S.B.M)</b>										
<b>3. Claiming Independent Small Business Marketer (I.S.B.M.) of Gasoline as stated in rule 1200-03-18-.24(2)?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>										
If yes, submit Notarized Certification stating that business satisfies the I.S.B.M. definition criteria found in 1200-03-18-.24(2) and provide the following information:										
Owner's annual income from refining or marketing of gasoline:										
Owner's total annual income:										
<b>GASOLINE TANK AND DISPENSER INFORMATION</b>										
<b>4. List gas type, capacity, and type of tank (Aboveground or Underground. Circle one), and installation date for each tank at facility. Attach additional sheet if more than 10 tanks to list.</b>										
Tank #	Gas type	Capacity (Gal.)	Tank Type	Installation date	Tank #	Gas type	Capacity (Gal.)	Tank type	Installation date	
1.			AG / UG		6.			AG / UG		
2.			AG / UG		7.			AG / UG		
3.			AG / UG		8.			AG / UG		
4.			AG / UG		9.			AG / UG		
5.			AG / UG		10.			AG / UG		
<b>5. Total number of gasoline nozzles:</b>					Make:		Model:			
<b>6. Gasoline dispense make:</b>					Model:					
<b>STAGE I AND II SYSTEM DESCRIPTIONS</b>										
<b>7. Stage I system CARB executive order:</b>					Installation date:					
<b>8. Stage II system CARB executive order:</b>					Installation date:					
Check general type of Stage II system:				Balance: <input type="checkbox"/> Vacuum vapor assist: <input type="checkbox"/>						
<b>9. Minimum slope of Stage II vapor return lines from dispensers to tank (inches per foot):</b>										
<b>10. Type of pressure/vacuum vent valve (if installed) make:</b>						Model:				
<b>THROUGHPUT AND SUPPLIER</b>										
<b>11. Maximum monthly throughput (Gal.):</b>					Average yearly throughput (Gal.):					
<b>12. Supplier of gasoline (company name)</b>					<b>Supplier of gasoline (contact name)</b>					
Mailing address (St./Rd./Hwy.)					Mailing address (St./Rd./Hwy.)					
City	State	Zip code	City			State	Zip code			
Phone number					Phone number					